AMENDMENT TRANSMITTAL EXTTER (Small Entity) Applicant(s): Russell et al						Docket No. A-9554	
Application No.		45.7		Customer N	$\overline{\mathbf{J}}$	Group Art Unit	Confirmation No.
	Filing Date	Manuel A. Mendez		20741		3763	6902
10/634,513 August 4, 2003 Manuel A. Mendez Invention: ANESTHESIA MANIFOLD AND INDUCTION VAL			20/41		3703	0902	
COMMISSIONER FOR PATENTS: Transmitted herewith is an amendment in the above-identified application.							
Applicant claims small entity status. See 37 CFR 1.27							
The fee has been calculated and is transmitted as shown below.							
CLAIMS AS AMENDED							
	CLAIMS REMAINING	HIGHEST#	NUMB	ER EXTRA		RATE	ADDITIONAL
	AFTER AMENDMENT	PREV. PAID FOR	CLAIMS	PRESENT		RATE	FEE
TOTAL CLAIMS	6 -	20 =		0	X	\$25.00	\$0.00
INDEP. CLAIMS	1 -	3 =		0	х	\$100.00	\$0.00
Multiple Dependent Claims (check if applicable)							\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT							\$0.00
No additional fee is required for amendment. Please charge Deposit Account No. in the amount of A check in the amount of to cover the filling fee is enclosed. The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 08-2455 Any additional filling fees required under 37 C.F.R. 1.16. Any patent application processing fees under 37 CFR 1.17. Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. Martin P. Hoffman - Reg. 22,261 Hoffman, Wasson & Gitler, P.C. 2461 South Clark Street, Suite 522 Arlington, VA 22202 703.415.0100 In the amount of to cover the filling fee is enclosed. In the amount of to cover the filling fee is enclosed. In the amount of to cover the filling fee is enclosed. In the amount of to cover the filling fee is enclosed. In the amount of to cover the filling fee is enclosed. In the amount of to cover the filling fee is enclosed. In the amount of to cover the filling fee is enclosed. In the amount of to cover the filling fee is enclosed. In the amount of the following fees associated with this communication on Payment of Payment							
cc:		Signature of Person Mailing Correspondence Typed or Printed Name of Person Mailing Correspondence					